

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, N.W.
Washington, DC 20307-5001

WRAMC Pamphlet
No. 40-88

16 September 2002

Medical Services
HEALTH RECORDS AND OUTPATIENT TREATMENT RECORDS

1. History

This policy is a revision of the previous policy. The changes have not been highlighted.

2. Purpose

To prescribe policy and procedures for utilization and control of individual Health Records (HREC) and Outpatient Treatment Records (OTR). This policy applies to all departments, separate services, offices and activities of Walter Reed Army Medical Center (WRAMC).

3. References

- a. AR 40-5, Preventive Medicine, 15 October 1990.
- b. AR 40-66, Medical Record Administration and Health Care Documentation, 3 May 1999.
- c. WRAMC Policy Memorandum: Master Problem List, 16 July 1999.
- d. WRAMC Regulation 40-35, Confidentiality, 19 April 2002.
- e. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals (current edition).

4. Responsibilities

Chief, Patient Administration (PAD), as custodian of HRECs and OTRs, will provide guidance in the interpretation and implementation of regulations and policies concerned with the utilization, control, and maintenance of HRECs and OTRs.

5. Policy and Procedures

- a. Army medical records are the property of the Government. Each patient will have only one official medical record. All medical records, will remain in the custody of the Military Treatment Facility (MTF) where the patient receives primary care.
- b. Walter Reed Army Medical Center Specialty Clinics and individual providers may maintain duplicate ("convenience") files regarding patients whom they are currently treating. The intent of these duplicate files is not to be used as a replacement for the official HREC/OTR. However, these files can be used in conjunction with the OTR.
- c. These duplicate ("convenience") files will not contain original documentation, only copies. Original documentation will be maintained in the HREC/OTR.

*This pamphlet superseded WRAMC Pamphlet 40-88, dated 08 September 1999.

d. In the event that a patient reports for an appointment without his/her medical record, it is permissible to review/refer to the copy of the documentation in the duplicate ("convenience") files that addresses the patient's previous visits to the clinic.

e. The military beneficiary is a transient population; there are exceptions that allow the hand carrying of the medical record. One of the exceptions is when a patient is being referred from WRAMC to another MTF for medical care. The patient will sign for receipt of their medical record from Outpatient Records (OPR) section, hand-carry the medical record to the appointment, and return the record to WRAMC upon completion of the appointment.

f. Release of Medical Information. Requests for release of medical information will be referred to PAD (see WRAMC Regulation 40-35).

g. Release of HREC or OTRs. Health Records (HREC) and Outpatient Treatment Records (OTR) may be released to Army Medical Department (AMEDD) personnel who are directly involved in the care of the patient. However, a medical record will not be released to other personnel (i.e., spouse, friend, sibling, etc.) without written authorization from the patient and will only be released by PAD personnel during duty hours or the Administrative Officer of the Day (AOD) during other than duty hours. A patient wishing to view his/her medical record may do so at the Outpatient Record Room. The patient must present a valid military Identification Card. The record room clerk will hold the military identification card until the patient returns the medical record. This process does not apply to patients having appointments outside of the facility for which making a copy is inappropriate and a courier service is unreasonable.

h. Handling of HREC/OTR by Physicians or Health Care Providers. Each examining physician or authorized health care professional (AMEDD Personnel) who makes entries in the medical record will complete the entries in the medical record upon completion of the examination or consultation. In the event that the medical record is not available for the patient after the appointment to return to Outpatient Record (OPR) section, the physician or authorized health care personnel will bring the medical record to the OPR section within 24 hours for proper disposition.

i. Outpatient Records Hours of Operation/After Duty Hours Access. Outpatient Records has personnel on duty from 0700-1800 hours Monday through Friday. For access to medical records after duty hours, first contact the Admission and Disposition Office (AAD) and as a last resort contact the Administrative Officer of Day (AOD). This access is for medical emergencies only.

j. Transfer of Medical Records.

(1) If an Active Duty (AD) member is being transferred from WRAMC, the AD member may hand-carry the HREC to the next duty station upon presenting Permanent Change of Station (PCS) orders to OPR.

(2) The OPR Branch will out-process all OTRs for hand carrying in accordance with (IAW) AR 40-66. Outpatient Records Branch will ensure a copy of the sponsor's orders and a completed DA Form 3705 (Receipt for Outpatient Treatment/Dental Record) are obtained before releasing the record. The records clerks will also print the patient's laboratory and radiology reports from Composite Health Care Systems (CHCS). This will be accomplished before any records are cleared in connection with PCS orders.

(3) If the patient's sponsor has reached the Expiration of Term of Service (ETS), the medical records will be maintained by the MTF for three years after the last year of treatment and then retired to National Personnel Records Center (NPRC) located in St. Louis, MO. In the event a patient is retiring near another MTF, the record will be mailed to gaining MTF by PAD personnel.

k. DA Form 5571 (Master Problem List) and DD Form 2766 (Adult Preventive and Chronic Care Flow Sheet)

(1) Master Problem List (MPL) is being replaced with DD Form 2766. The Integrated Clinical Data Base (ICDB) is the electronic repository for DD Form 2766. The old MPL will remain in the patient's medical record. A hard copy print out of DD Form 2766 will be initiated with only the patient identification and placed in the record by PAD personnel when a patient is referred to another MTF, when a patient PCS's, or is presented for a Soldier Readiness Process (SRP). Primary Care Managers are responsible for completing all entries on DD Form 2766. The MPL and a hard copy of DD Form 2766 will be filed as the top-most document on the left side of DA Form 3444 (Terminal Digit File Series Folder) and in Part I of the DA Form 8005 (Outpatient Medical Record).

(2) For enrolled TRICARE beneficiaries, the Primary Care Manager will initiate and update the electronic version of DD Form 2766 in the ICDB at the point of service. After updating, the PCM will print and attach the most recent electronic form to the hard copy of DD Form 2766. For non-enrolled patients, the provider attending to the patient will ensure the electronic form is initiated and updated. The electronic version will be the viewed as the most recent version of the Chronic Care Flow Sheet and will be the default for viewing and updating by the PCM.

(3) Although making appropriate additions to the MPL in the ICDB is every Provider's duty, periodic review and/or revision of the MPL is the principal responsibility of the PCM. For patients without a defined PCM, the requirement for periodic review and/or revision of the MPL defaults to the specialty care clinic provider who sees the patient regularly. Providers acting as PCMs will identify themselves as such on the MPL.

l. Special Category HREC/OTR. Special Category (Medical Claims/Flagged) records will be handled IAW AR 40-66.

m. Copies of OTRs. Request for copies of medical records may be made with the Special Actions Section located in Room 1R08. Allow a minimum of 14 working days for processing.

n. Patient Identification on Medical Forms

(1) The patient's recording card will be used to stamp all forms filed in the medical record. If a patient has no card, handwrite (at a minimum) the following information on all forms:

(a) Name.

(b) Sex.

(c) Date of Birth.

(d) Branch of Service.

(e) Sponsor's SSN.

(f) Family member prefix (20-Sponsor, 30-Spouse, 01-1st Child, etc.).

(g) If active duty, include unit.

(2) All forms used in association with treatment of in-transit personnel will include name and address of the permanent location and installation of the patient's HREC/OTR.

The proponent agency of this publication is Patient Administration Division. Users are invited to send comments and suggested improvements on DA 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-PAD, 6900 Georgia Avenue, N.W., Washington, DC 20307-5001.

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